	<p>STATE OF MICHIGAN DEPARTMENT OF COMMUNITY HEALTH</p> <p><i>MDCH /CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT</i></p>	ATTACHMENT
		7.8.1
		SECTION
		Form v 2012-1
		EFFECTIVE DATE
		10/01/11
		PAGE OF
Electronic Report Submission Guidelines – Revised 7/31/12		1 of 2

1.0 Report Submission

Reports should be submitted electronically to the department by the due date at MDCH-MHSA-Contracts-MGMT@michigan.gov.

2.0 Naming Convention

The report's file name must identify the reporting fiscal year, period covered (submission type), agency name, report title and date of submission.

2.1 Fiscal Year

The format for the fiscal year should be as follows:

- **FYXX** where XX represents the last two digits of the fiscal year.

2.2 Period Covered

The period covered is representative of the submission type. The format for the period covered should be as follows:


- Quarter 1 (October – December) reports should be depicted as **Q1**
- Quarter 2 (October – March) reports should be depicted as **Q2**
- Quarter 3 (October – June) reports should be depicted as **Q3**
- Projection (October – September) reports should be depicted as **PROJ**
- Year End Accrual (October – September) reports should be depicted as **YEC**
- Interim (October – September) reports should be depicted as **INTERIM**
- Final (October – September) reports should be depicted as **FINAL**.

2.3 Agency Name

The agency name should reflect the reporting agency. Consistency with agency name across reports is requested.

2.4 Report Title

- The format for the report title is as follows: FSR Reporting Package (Medicaid/ABW/non-Medicaid FSR, GF State Facility Utilization,, Medicaid ISF Report, Medicaid Shared Risk Calc, General Fund ISF Report: **FSR BUNDLE**
- GF Contract Settlement (GF Summary and GF Worksheet): **GFCRCS**
- Medicaid Contract Settlement (Medicaid CRCS and Medicaid Worksheet): **MEDCRCS**
- GF Year End Accrual Schedule: **GFYEC**

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		Form v 2012-1
		EFFECTIVE DATE
		10/01/11
		PAGE OF
	Electronic Report Submission Guidelines – Revised 7/31/12	2 of 2

- Medicaid Year End Accrual Schedule: **MEDYEC**
- GF Special Fund Account (226a): **GF SPEC FUND**

2.4 Date of Submission

The format for the date of submission is as follows:

- **MM-DD-YYYY** where MM represents the month, DD represents the day of the month and YYYY represents the year the report is being submitted.

Example: For the FY 10 second quarter FSR reporting package submitted from network180, the file name should read as **FY10 Q2 network180 FSRBUNDLE 05-30-2010**.

3.0 Certification

This form certifies accuracy and completeness of the electronic report submission related to the reporting of revenues and expenditures as required in contract attachment 7.8.1. A certification form shall be completed and included with each electronic report submission to the MDCH.

The certification is to include identification of the reporting CMHSP / PIHP, the fiscal year, submission type, submission date and an indication of the report(s) the certification covers. The signature of the individual authorized to sign on behalf of the CMHSP / PIHP represents assurance that the submitted report(s) reflect an accurate statement of the revenues and expenditures for the reporting period. Please print the date, the name and telephone number of the contact person whom questions should be directed to.

Scan the signed certification and create a PDF document to be included with the electronic reporting package.